

# Our Health Partnership

**OHP** A healthy future for patients and practices



*@OurHealthPship*

**Our Health Partnership was set up by local GPs in 2015 who are passionate about providing high quality primary care and using their time and skills effectively to benefit patients**

OHP is currently a GP partnership of 33 practices with 135 GP partners and over 80 salaried doctors. We serve around 308k patients in Birmingham, Shropshire and Wolverhampton. We have c1000 employees

The partnership offers a shared administrative and management structure. It opens up economies of scale to get best value from budgets. It frees the resources to develop innovative services and effective partnerships with local health partners and it can access new funding streams that are only available to large GP organisations

That means more choices and a quality service for patients, a secure future for their local surgeries and security and job satisfaction for our committed and capable doctors, practices nurses and wider staff groups

## Vision

- Our patients have more control over their health and their treatments and are supported in their communities by high quality, highly motivated GPs working together to deliver holistic, personalized, continuity of care through the NHS
- Our partners and staff have an improved quality of work-life balance so that they can grow and progress their careers in a satisfying fashion
- To be the UK's leading primary care organisation that seeks to maintain core values of general practice while looking to deliver new and innovative models of sustainable, integrated care. Leading, not responding to, the local and national agenda

## Aims

- ❖ Make life better for patients
- ❖ Make life better for practices
- ❖ Improve resilience and efficiency
- ❖ Create development opportunities
- ❖ Grow as a business into the future

## Values

- Commitment to provide high quality care for our patients
- Improve the quality of working life of our partners and staff
- Be a caring and supportive organisation, with a commitment to developing our teams
- Maintain autonomy for partners and support local flexibility to maintain responsiveness and innovation, allowing partners to provide care that is tailored to the needs of their local population
- To be inclusive and supportive to new members who want to join in the future
- Sustain a quality NHS for now and for the future

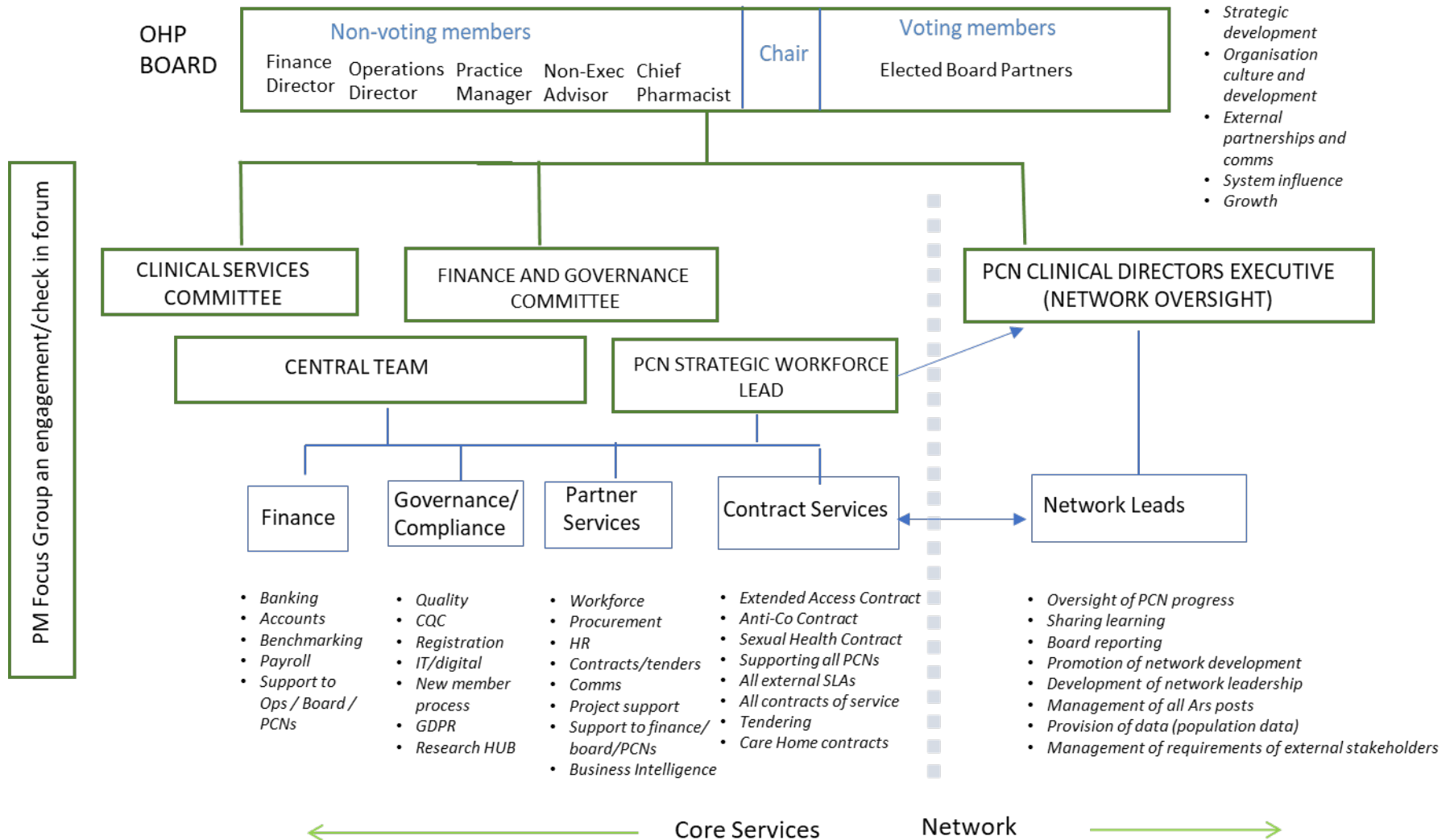
***OHP believes that locally autonomous, partner-run, general practice is the best way to provide high quality care that is responsive to local need***

**Our structural form, governance, and developing culture is all aimed at achieving this**

**We believe that centralised management of practices will deprive them of the ability to make locally-appropriate decisions, and risk reducing quality by taking accountability further away from the clinician / patient interface**

Our unique Partnership Deed delegates specific roles and responsibilities to the Board, while retaining service responsibility and accountability in practices. It allows us to achieve important benefits of scale, without becoming centrally managed and disempowering

## OHP – Governance Structure

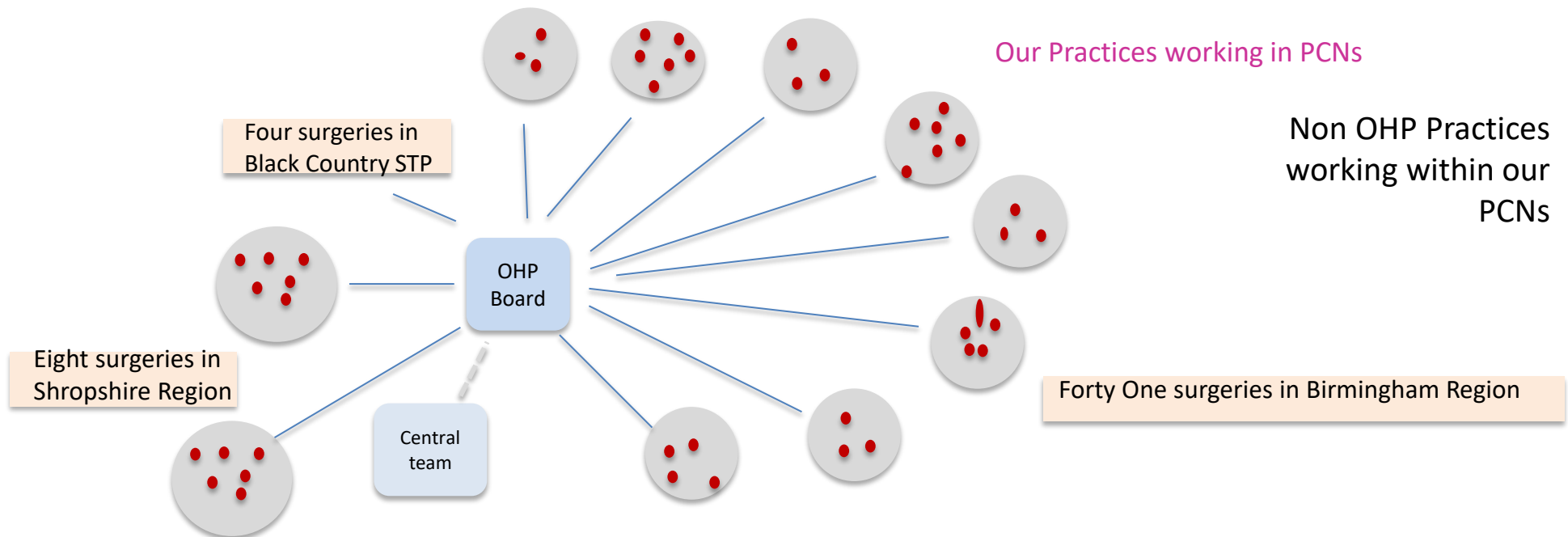


*To summarise the OHP approach to quality:*

- ✓ Practices retain full control over the provision of a quality service to patients
- ✓ Each has a practice PPG who are consulted and contribute
- ✓ The partners in each practice remain accountable

*In addition to this traditional approach...*

- ✓ OHP membership brings significant extra support, oversight, guidance and expertise
- ✓ **'OHP is a strengthening of the practice model, not a replacement for it'**



### A strong, collective voice

- ✓ Influence national general practice healthcare policy and new models of care from an authoritative platform with respected peers
- ✓ Be part of a sustainable effective practice model as it becomes more and more widely adopted
- ✓ Work with dedicated, patient focused peers to shape the future of your practice and the partnership
- ✓ Work with System Leadership Models to influence Primary care change

### Effective recruitment

- ✓ Internal bank system, with preferential rates and quality control in partnership with Lantum, including database access and centrally negotiated fee savings
- ✓ Secure collective employment prospects to attract the best candidates for all roles
- ✓ Centrally held employment contract – minimising risk for Practices
- ✓ Tier 2 sponsorship accessing wider pool of doctors recruitment
- ✓ Internal HR Function

### Central Administration

- ✓ Support from a team of qualified accountants through centrally commissioned Accountants company
- ✓ Accounting access to Finance Training webinars
- ✓ Regular financial reporting to partners
- ✓ Business planning, business cases and financial management support for your practice
- ✓ Provision of Payroll
- ✓ Accounting platform for financial recording, including full staff training
- ✓ Lloyds bank electronic banking with preferential fees
- ✓ External Accountants can handle partners tax returns and pension
- ✓ We can source specialist external advice if needed for tax and other matters, charged at an extra but competitively negotiated fee

### More from your budget

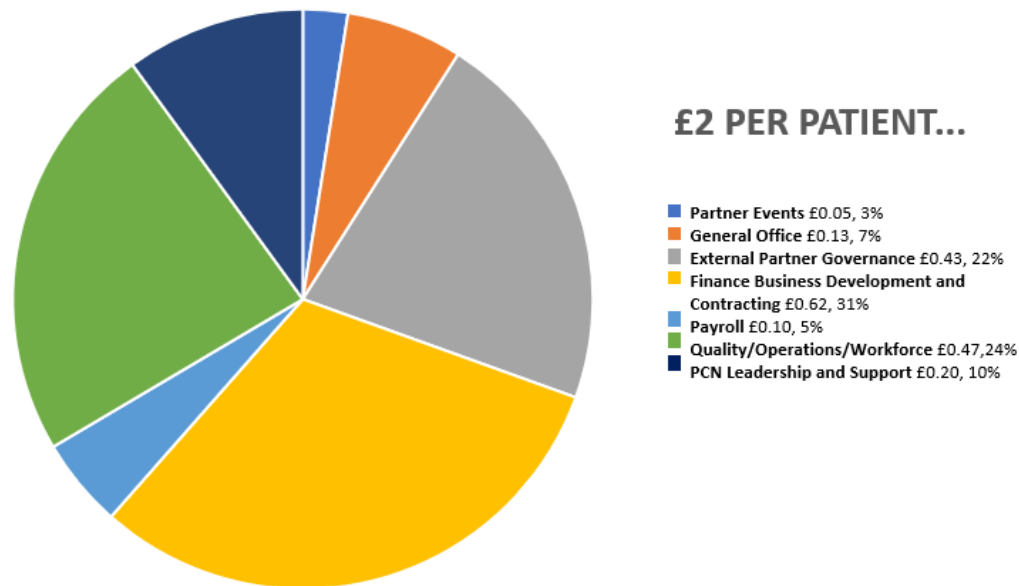
- ✓ Centralised procurement for consumables, insurance and utilities
- ✓ Streamlined back office functions with recommended systems options

### More time

- ✓ Benchmarking data to focus quality improvements
- ✓ Collective CQC data provision – centrally led and supported function
- ✓ GDPR/DPO centralised function
- ✓ Support to Practices – both clinically and management

We aspire to make life better for patients and partners via:

- ✓ CQC single registration, CQC bureaucracy removed from practices – centrally led ARR process and support and leaderships at inspections
- ✓ Quality assurance/governance in place support from OHP to improve quality of patient care
- ✓ Providing access to performance indicators and quality benchmarking data and support our practices
- ✓ Creation of OHP staff bank, with access to multi skilled staffing support and giving staff opportunities to work in different environments
- ✓ Holder to Tier 2 sponsorship visa
- ✓ Provide influences with external partner
- ✓ Collation and leadership of bids for contracting and additional funds
- ✓ Standard HR leadership and advice (including HR policies)



**We will create further efficiencies for our Partner Practices by:**

- ✓ Making accounts available much earlier
- ✓ Cost of accounts preparation include within OHP subscription
- ✓ Regular in-year financial reporting
- ✓ Providing access to financial benchmarking data
- ✓ Providing support via Lloyds Bank advice given on services via relationship manager
- ✓ Procurement of practice based contracts, access to improved prices on long term contracts, such as surgery insurance
- ✓ Operate shared resources model



**Our Analysis  
of Cost Benefit  
for a Practice  
(c8,800 patients)**

Illustrative only

	OHP Subscription less Direct Savings	Added Value	TOTAL NET COST (Savings)
<b>Subscription:</b>	<b>£17,662</b>		
Accountants Fees	£9,000		
Payroll Fees	£750		
Extended Access Contract Fees	£2,649		
<b>NET Cost (Savings)</b>	<b>£5,263</b>		
Bookkeeping		£1,500	
DPO		£800	
Operations/CQC/Governance		£1,500	
Workforce and HR		£2,300	
TIER 2 Sponsorship		£600	
Procurement		£800	
System Leadership ( including PCN direction)		£2,000	
<b>TOTAL NET COST (Savings)</b>			<b>(£2,237)</b>

### A typical stand alone practice

Accounts prepared once a year by external firms

Accounts used for profit share & tax purposes only

Many different bookkeeping systems

Limited internal financial expertise and support

Minimal financial planning or financial management

Goals

### An OHP Practice

Accounts prepared collectively by External Accountants

Benchmarking to identify issues & opportunities

Single accounts system & process

Internal senior Finance Professional providing advice to Practices

Annual budgets & routine financial reporting

## Practice Development and Support Services

<p><b>1 - What have we done?</b></p> <ul style="list-style-type: none"> <li>• Full data sharing agreement in place ensuring that clinical services can be provided across OHP practices quickly</li> <li>• Full Partnership governance review taken place enhancing support services to Practices</li> <li>• CQC analytical review taking place across all our Practices - Including mock inspections and 'deep dives'.</li> <li>• Enhanced DPO function introduced and in place</li> <li>• Enhanced GDPR training in place</li> <li>• SIRO training offered to Practice Manager</li> </ul>	<p><b>2 - Facts &amp; Figures</b></p> <ul style="list-style-type: none"> <li>• All OHP practices rated Good or Outstanding by CQC.</li> <li>• 3 Practices Rated Outstanding</li> <li>• 1/5/21-30/4/22             <ul style="list-style-type: none"> <li>○ 249 Compliments</li> <li>○ 584 Complaints</li> <li>○ 672 Significant/Learning Events</li> </ul> </li> </ul>
<p><b>3 - Long term plans?</b></p> <ul style="list-style-type: none"> <li>• Support safe and high-quality care through ensuring regulatory compliance at practice and OHP central level.</li> <li>• Support practices to achieve good or outstanding across all CQC domains.</li> <li>• Support our practices in their engagement with PCN's through ensuring good governance practices, reducing the risk and ensuring best practice.</li> <li>• Measure patient engagement/patient voice/ this will be golden thread throughout, ensure this is captured in all service development and change.</li> <li>• Governance committee – acting as a critical appraiser of the organisation's functions and involved in creating and reviewing new scheme and service offerings.</li> </ul>	<p><b>4 - What are we going to do?</b></p> <ul style="list-style-type: none"> <li>• The Business Intelligence Unit will be up and running providing a range of analytical data for practice to use to enhance the running of the practices</li> <li>• A policy management system to be introduced enabling a partnership approach to the management of policy updates</li> <li>• A training programme sharing CQC best practice to be implemented</li> <li>• Training scheduled to be developed across all staff groups for practices to utilised</li> <li>• Embarking on a programme of learning from other organisations</li> <li>• Development of a 'case book' of all learning of significant events and complaint management to share learning across practices</li> <li>• Developing a training and advice package of support for practices using digital technology</li> <li>• Build on patient voice / representation at practice level and consider including this at organisational level governance committee</li> <li>• Develop governance offer for PCNs linking to SLA</li> </ul>

## Workforce

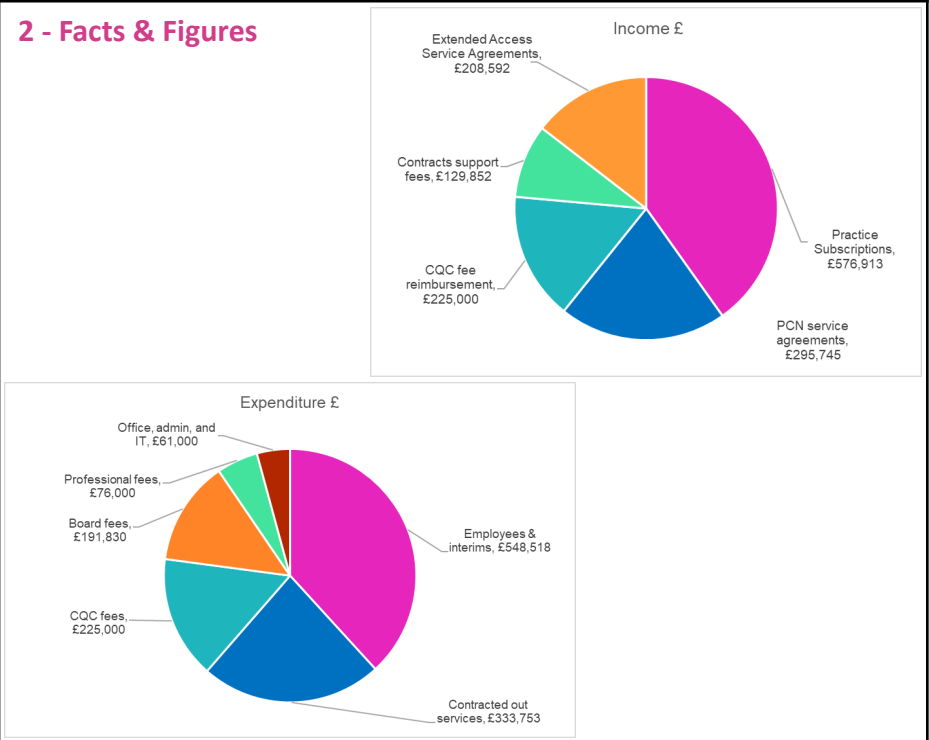
<p><b>1 - What have we done?</b></p> <ul style="list-style-type: none"> <li>• Annual workforce bench marking and analytical analysis in place</li> <li>• HR Function fully embedded</li> <li>• One of the first Primary Care Skilled Worker (Tier 2) sponsored organisations</li> <li>• Fully functioning Apprenticeship scheme in place to develop &amp; retain staff</li> <li>• Employee Assistance Scheme deployed for all staff</li> <li>• Enhanced PCN Staff leadership and support function in place via peer networking &amp; learning support</li> <li>• Clinical Supervision model developed and introduced</li> <li>• Cavell Nurses Trust, partnership deployed to support, develop &amp; retain our Nurses</li> </ul>	<p><b>2 - Facts &amp; Figures</b></p> <ul style="list-style-type: none"> <li>• 214 hours of external HR support accessed by practices in the first year</li> <li>• 2021-22 there were approx. 23,000 LIVI appointments</li> <li>• 2021-22 there were approx. 18,000 patients registering for LIVI</li> <li>• 10 new Skilled Worker (Tier) certificates secured for 22/23</li> <li>• 15 apprenticeships completed during 20-23 with the majority being used to upskill existing staff</li> <li>• 8 Kickstart programme applicants with 4 gaining full time employment</li> <li>• Employee Assistance Programme             <ul style="list-style-type: none"> <li>○ 11 staff have called the EAP</li> <li>○ 7 calls were for counselling – main reason was anxiety</li> <li>○ 4 calls were for advice/legal – main reason was childcare</li> </ul> </li> </ul>
<p><b>3 - Long term plans?</b></p> <ul style="list-style-type: none"> <li>• Our long-term aim is still to become the employer of choice, improving the staff voice in developments &amp; increasing their sense of belonging</li> </ul> <div data-bbox="387 1145 825 1528" data-label="Image"> <p><b>HR SERVICE:</b></p> <ul style="list-style-type: none"> <li>• Very helpful and responsive</li> <li>• Quick response from the OHP Central Team</li> <li>• Central team and Elizabeth are very helpful and respond promptly. Great support from both so far</li> </ul> </div>	<p><b>4 - What are we going to do?</b></p> <ul style="list-style-type: none"> <li>• Develop staff bank (all roles) at Practice and group Practice level (will support EA hubs)</li> <li>• Establish a workforce to service the Extended Access DES requirements across OHP supported PCNs</li> <li>• Instil a Practice staff belonging culture</li> <li>• Develop a formal PM network</li> <li>• Introduce an induction programme for all PMS</li> <li>• Introduce mentoring and support programme</li> <li>• Establish a new Partners peer group</li> <li>• Improved communication to practice teams</li> </ul>

## Financial Services

### 1 - What have we done?

- Delivered Practice Accounts in a cohesive way
- Delivered the Partnership tax requirements
- Commenced financial benchmarking providing Practices with tools to enhance business decisions
- Developed and shared financial modelling for PCNs providing comprehensive information for decisions to be made
- Addressed deficits within the OHP central function and delivered a surplus
- Enhanced Extended Access reporting
- Restructured the whole finance function producing a cohesive approach across the OHP central function

### 2 - Facts & Figures



### 3 - Long term plans?

- Continue to develop and offer a range of ‘add-on’ services offering insight and guidance on business and taxation matters
- Some of these services may require additional investment but will be priced to offer value for money in comparison with alternative service providers

### 4 - What are we going to do?

- Incorporate financial analytical bench marking into the Business Intelligence functions
- Provide added value reporting to the Practice accounts
- Opportunities to be provided of longer term tax planning options for PCNs and Practices
- Comprehensive suite of finance training via webinars to be introduced for PCNs and practices (inc. new partners)
- Develop tools to support practices with financial aspects of business decisions

## Clinical Services Development

<p><b>1 - What have we done?</b></p> <ul style="list-style-type: none"> <li>• Led and developed Primary Care Collaboration in Birmingham between largest GP providers</li> <li>• Established partnership in diagnostics provider</li> <li>• Set up shared clinical services that has improved patient access e.g. dermatology &amp; pain service referral</li> <li>• Commenced research partnership with Birmingham Health Partners</li> <li>• Worked with partner practices to become research ready, signed data sharing agreements for all OHP practices</li> <li>• Commenced PhD Student funded by NHS Datalab with Birmingham City University focussing on wider determinants of health</li> <li>• Established joint working with commercial organisations</li> <li>• Submitted an application to the Nuffield Foundation to evaluate the Specialist Social Prescribing Service provided by Turning Point</li> <li>• Provided a video consultation platform for patient appointment through LIVI in house capacity</li> <li>• Provided practices with a review of the ‘front door’ of webpages inc. security</li> <li>• Finalists for national Social prescribing award</li> </ul>	<p><b>2 – What are we going to do?</b></p> <ul style="list-style-type: none"> <li>• Make contact with commissioners to confirm 5 year operational plans to stimulate thinking/ planning for each OHP ICS geography</li> <li>• Develop research HUB for practices</li> <li>• Collaboration plans with commercial organisations to help practices in their patient care</li> <li>• Further explore enhanced diagnostics and monitoring, inc. phlebotomy at home, Healthy IO- home urine tests and more</li> <li>• Reimagining care in the consultation room – utilising diagnostics and POC testing</li> <li>• Introduction of outpatient services</li> <li>• Explore clinical HUBs options e.g. for same day access, to help practice workload</li> <li>• Identification of digital tools to improve patient access</li> <li>• Introduction of artificial intelligence tool, to help practice workflow</li> <li>• Improved business analytics for business decision making</li> <li>• Explore centralised offers for delivery of clinical services at scale e.g. spirometry, dressings management</li> <li>• Explore options with commissioners for extending/ setting up clinical services offers in Shropshire</li> </ul>
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**Our Vision**

Collaboration with other primary care providers is essential to safeguard the future of general practice for our patients and practices. This requires good communication, network building & trust building through shared projects.

Participating in research helps us to improve patient outcomes, however, research can be burdensome for practices. We are putting in place building blocks to facilitate wider participation in research, in line with NHS and government policy and aspirations for the UK to be world leading in health innovation.

Our due diligence process allows us to work safely & productively with commercial organisations in a way that safeguards our patient data and directs work for practices .

## PCN Development and Support Services

<p><b>1 - What have we done?</b></p> <ul style="list-style-type: none"> <li>• Developed and embedded MDTs, such as personalised care teams</li> <li>• PCN Management reporting monthly (embedded)</li> <li>• Led an enhanced recruitment system which is now embedded</li> <li>• Peer support group for all staff in place at OHP</li> <li>• Provision of leadership and guidance in place</li> <li>• Introduced transparent financial modelling including advanced notification of funding streams</li> <li>• Shortlisted for national social prescribing award – Social Prescribing at Scale model</li> <li>• Led and created the development of the new role- specialist social prescriber which has now been rolled out</li> <li>• Developed and supported a Health Inequality work programme to deliver requirements of the DES</li> <li>• Advice and guidance to practices and PCNs regarding repeat prescribing management including developing and rolling out role of the prescribing clerk</li> </ul>	<p><b>2 - Facts &amp; Figures</b></p> <ul style="list-style-type: none"> <li>• Engaged an external consultant to successfully design the Health and Inequality Project and submit plans to BSol CCG</li> <li>• Personalised care MDT working and meeting every month</li> </ul> <p><b>•ARR staff:</b></p> <ul style="list-style-type: none"> <li>• Pharmacists: 29.87 WTE</li> <li>• Pharmacy Tech: 6.71 WTE</li> <li>• Physician Associates: 15 WTE</li> <li>• Paramedic: 6WTE</li> <li>• Care Coordinators: 13.62 WTE</li> <li>• FCP: 10.9 WTE</li> <li>• Dietitian: 2.9 WTE</li> <li>• Podiatrist: 1WTE</li> <li>• Social Prescribers: 17.61 WTE</li> <li>• Health and Wellbeing Coach: 3.92 WTE</li> </ul> <p><b>OHP has a quarter of the PCNs in Bsol CCG and currently a third of the PCN ARR workforce</b></p>
<p><b>3 - Long term plans?</b></p> <ul style="list-style-type: none"> <li>• OHP to be a preferred provider of PCN support services</li> <li>• Exemplar clinical supervision of all PCN ARR staff</li> <li>• Ongoing support for the seamless delivery of PCN and GP Practice contracts</li> <li>• OHP to be a preferred employer of PCN staff</li> <li>• Support structure for the development of PCN management functions</li> <li>• Development of a tiered offering of support to OHP supported PCNs</li> </ul>	<p><b>4 - What are we going to do?</b></p> <ul style="list-style-type: none"> <li>• Develop and operate an at scale Extended Access delivery model to support the delivery of this element of the DES</li> <li>• Clinical Supervision model will be further enhanced and audited</li> <li>• Evolution of clinical management tools to support the delivery of the PCN DES</li> <li>• Development of enhanced service offering for PCNs (above and beyond delivery of SLA functions)</li> <li>• Identify work programmes that will be undertaken across groupings of PCNs</li> <li>• Rising the delivery of services within PCNs into the national upper quartile</li> </ul>

## Towards a Greener OHP

*“ Looking forward to the next 12 months and beyond, a key objective for the organisation, not covered elsewhere in this document, is to become greener. We will become strategically green, by setting the direction and engaging with the partnership, showing leadership and contribute to the national debate. We will look at greener travel options, such as salary sacrifice for purchasing electric cars and promoting remote first consultations. We will also look at greener energy and waste, by procuring organisation wide waste and recycling collection contracts and green energy procurement. We will promote greener prescribing and investigate ways to decarbonise the organisations estate.”*



*On signing the Partnership Deed to enter into the partnership, following a due-diligence process, we expect the following:*

### Quality Management Standards

- ❖ Achieve a minimum rating of 'Good' in last CQC inspection prior to joining
- ❖ TeamNet to be used for secure and accurate data collection, including Complaints and Significant/Learning events
- ❖ Provide the information needed to add your practice to the OHP CQC registration (confirmation of registered activities, DBS, completed forms)

### Membership Fees

- ❖ Pay an annual membership payment

### Finance Process

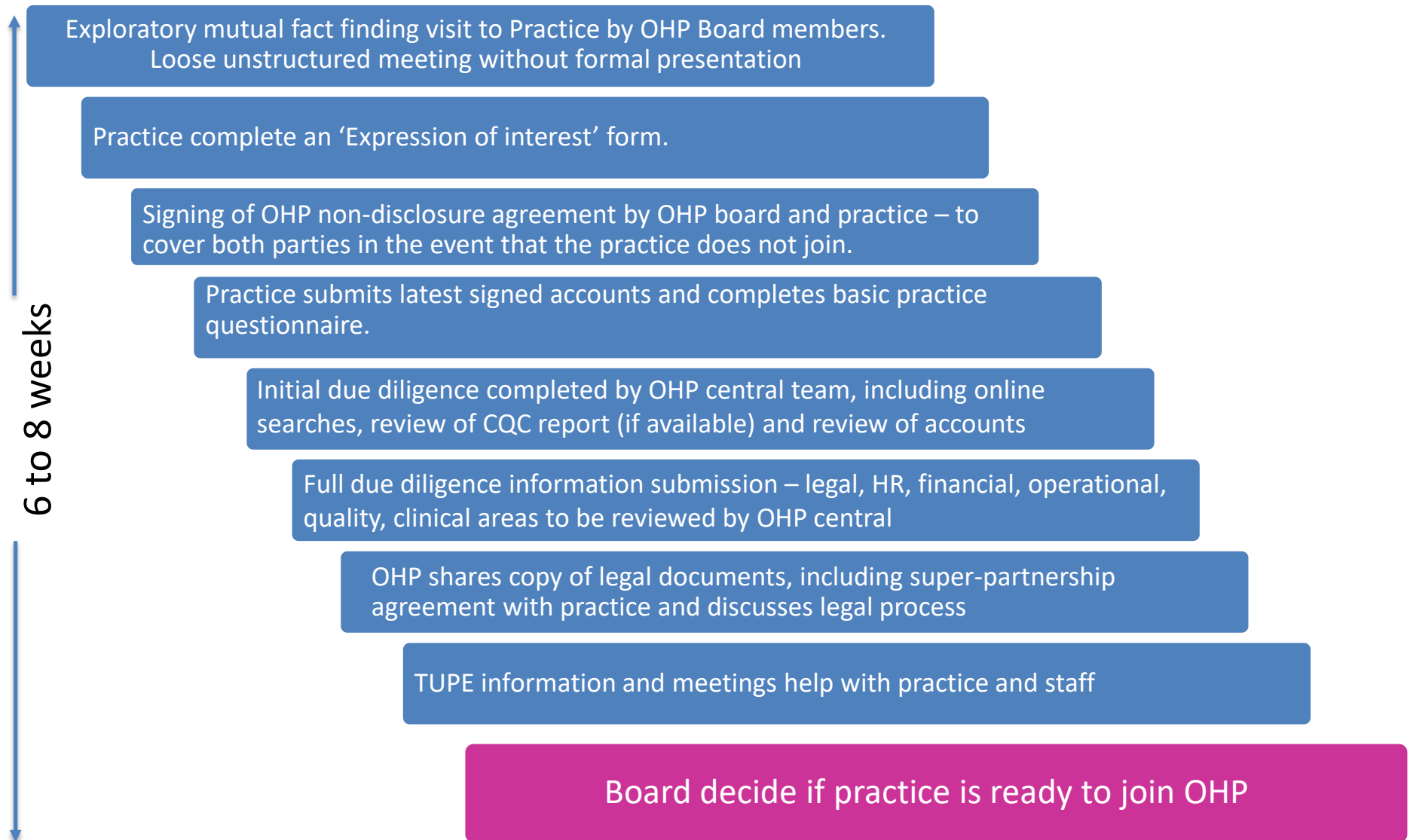
- ❖ Undertake finance input into accounting systems
- ❖ Switch to Lloyds bank
- ❖ Use BACS for PAYE payroll, administered by OHP
- ❖ Submit VAT returns on time
- ❖ Pay subscriptions on time

### OHP Cultural Values

- ❖ Sign up to the values, principles and aims of OHP partnership

### Workforce Transfer

- ❖ Transfer salaried staff to OHP under TUPE regulations
- ❖ Transfer payroll to the OHP nominated provider

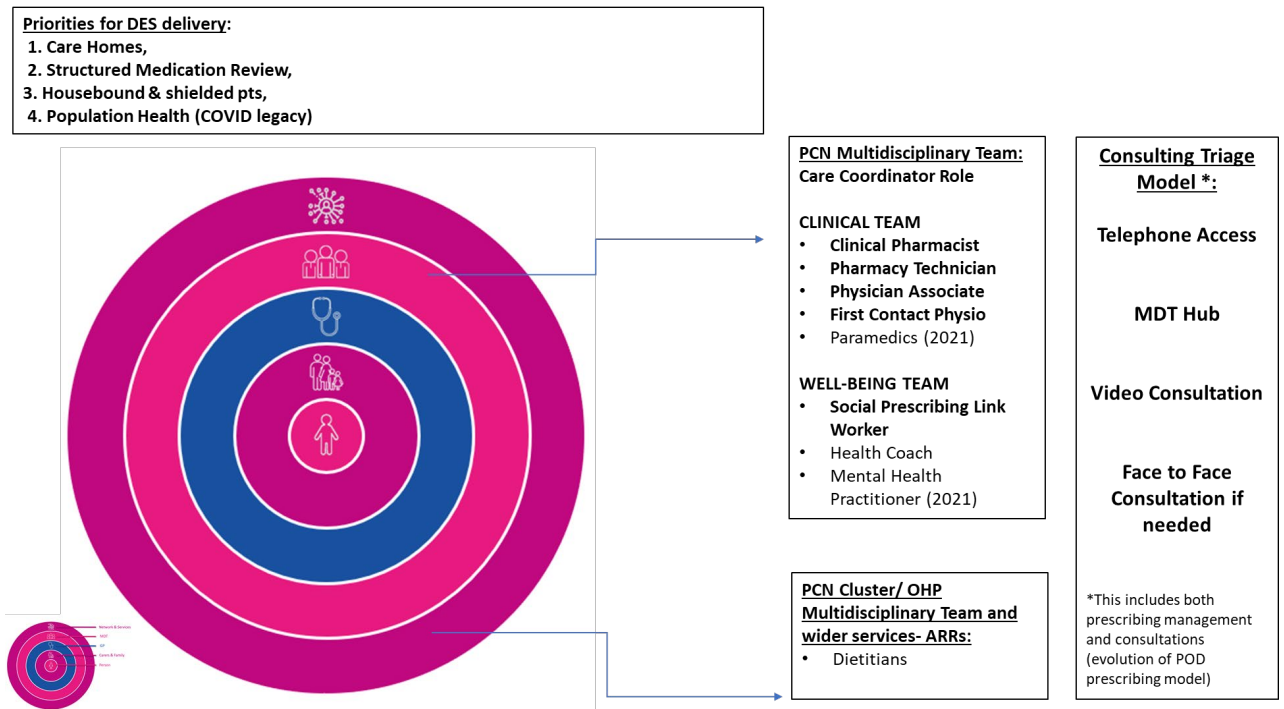


## Strength is within our PCN CD Executive meeting

### They are the decision makers

OHP provides leadership, guidance working at scale solutions  
 Under direction of Consultant Pharmacists providing PCN strategic workforce lead role

Agreed a MDT approach across our PCNs



## Our Views on The Primary Care Networks

*An OHP PCN central function: Creating the engine for local leaders to drive*

A system of PCNs  
with development,  
planning and oversight

System Leadership:  
Health and Social Care

Leadership across sectors:  
third sector, academic,  
commercial

Contract Development  
and Management

# OHP

Finance and PCN  
resource management

Workforce oversight and  
development

Governance and  
Regulatory Compliance

Business Support  
Business Intelligence  
Research